DECLARATION

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Attorney Docket No.

IN ORIGINAL APPLICATION

Z43.12-0002

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	SPECIFICATION	AND INVENTORSHIP IDENTIFIC	ATION		
As a below na	med inventor, I declare that	:			
	-	address and citizenship are as stated l	below next to my name.		
		, first and joint inventor of the subject r			
which a pater	nt is sought, on the inven	tion entitled DEVICE AND METH	OD FOR TREATMENT OF		
GASTROESO	PHAGEAL REFLUX DISE	ASE the specification of which,			
(check one)	X is attached hereto.				
	was filed on as Appln. Serial No				
and was amended on					
	was described and claimed in PCT International Application				
	No filed	on and as amended under Po	CT Article 19 on		
4	ACKNOWLEDGEMENT (OF REVIEW OF PAPERS AND DUI	Y OF CANDOR		
	ended by any amendment ref e to be material to the patent	erstand the contents of the above identi- ferred to above. I acknowledge the dur- ability of this application in accordance	y to disclose information which		
	PRIC	DRITY CLAIM (35 USC § 119)	•		
	certificate listed below and	nder Title 35, United States Code, § 119 have also identified below any appli of the application on which priority is	cation for patent or inventor's		
		Prior Application(s)			
Number	Country	Day/Month/Year Filed	Priority Claimed		
			Yes No		
			Yes No		
	Pur Y	ADDRESS OF A FAR (SELECC & 190)			

PRIORITY CLAIM (35 USC § 120)

I claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below. Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code § 112, I acknowledge the duty to disclose to the Patent Office all information known to me to be material to patentability

as defined in Title prior application an	37 Code of Federal R gul ad the national or PCT int	ations § 1.56 which be	ecame available between the	e filing date of th
Appln. Ser. No.	U.S. Serial No. (if any under PCT)	Filing Date	Status	
:		DECLARATION		
made with the know	ledge that willful false state ion 1001 of Title 18 of to ity of the application or an	ements and the like so the United States Code on patent issued thereof		e statements were
	DESIGNATION (OF CORRESPONDE	NCE ADDRESS	
Ple	ase address all correspond	lence and telephone ca	alls to <u>David R. Fairbairr</u>	in care of:
	KIN 624 Minneapo	NNEY & LANGE, P.A Suite 1500 5 Fourth Avenue Soutl olis, Minnesota 5541: 339-1863 Fax: (612	A. h 5-1659	·
Inventor: (Signature) Inventor: Brian D. (Printed)	Zelickson, M.D. Name)		Date: 11/7/76	· .
Residence: Minneap P.O. Address: 2764	olis, MN Drew Avenue South, Mi	nneapolis, MN 55416		enship: <u>U.S.A.</u>
inventor: (Signature)	EN a Hor)	Date: 11/3/96	
nventor: Robert A, (Printed)				
lesidence: Minneapo	olis, MN		C:A:	achin, TICA

P.O. Address: 1431 Lakeview, Minneapolis, MN 55416

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POWER OF ATTORNEY

Attorney Docket No.

Z43.12-0002

inventor(s):	Brian D. Zelickson,	M.D. and	Robert A.	Ganz,	M.D.
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Title: DEVICE AND METHOD FOR TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE

In the patent application: identified above (and submitted to the Patent and Trademark Office herewith).

as application Serial No. ____ I appoint the following attorneys and agents to prosecute the patent application identified above and to transact all business in the Patent and Trademark Office connected therewith, including full power of association, substitution and revocation:

Debout M. A	•	. Jessey sesses	ation and revocation:
Robert M. Angus Michael R. Binzak Michael A. Bondi Gena M. Chapman Timothy A. Czaja David R. Fairbairn Philip F. Fox Paul S. Grunzweig Jeff A. Holmen	Reg. No. 24,383 Reg. No. 38,081 Reg. No. 39,616 Reg. No. 39,627 Reg. No. 39,649 Reg. No. 26,047 Reg. No. 38,142 Reg. No. 37,143 Reg. No. 38,492	Paul P. Kempf Theodore M. Magee Matthew B. McNutt Theodore F. Neils Todd A. Rathe Z. Peter Sawicki Jeffrey D. Shewchuk John M. Weyrauch James L. Young	Reg. No. 39,727 Reg. No. 39,758 Reg. No. 39,766 Reg. No. 26,316 Reg. No. 38,276 Reg. No. 30,214 Reg. No. 37,235 Reg. No. 37,258 Reg. No. 30,514

I ratify all prior actions taken by Kinney & Lange, P.A. or the attorneys and agents mentioned above in connection with the prosecution of the above-mentioned patent application.

I authorize Kinney & Lange, P.A. to mark the appropriate space above and to insert the filing date and Serial No. of the application, as appropriate.

Please address all correspondence and telephone calls to David R. Fairbairn in care of:

KINNEY & LANGE, P.A.

Suite 1500

625 Fourth Avenue South

Minneapolis, Minnesota 55415-1659

Phone: (612) 339-1863 Fax: (612) 339-6580

Signature:

Signature:

Robert A. Ganz, M.D.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Zelickson, et al.

Attorney Docket No.: 2370.02US01

Application No.: 08/749,723

Examiner: R. Gibson

Filed: November 15, 1996

Group Art Unit: 3736

For: DEVICE AND METHOD FOR TREATMENT OF GASTROESOPHAGEAL

REFLUX DISEASE

<u>SUBSTITUTION OF ATTORNEY</u>

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

I hereby appoint the following attorneys/agents to prosecute the aboveidentified application and to transact all business in the U.S. Patent and Trademark Office connected therewith:

> James H. Patterson (30,673), Steven J. Keough (33,190), John F. Thuente (29,595), William M. Hienz III (37,069), William L. Alexander (37,269), Girma Wolde-Michael (36,724), Kimberly K. Baxter (40,504), Paul S. Grunzweig (37,143), Eric H. Chadwick (41,664), Randall T. Skaar (42,151), and Douglas J. Christensen (35,480).

Address all telephone calls to: Steven J. Keough (612/349-5742).

Address all correspondence to: Steven J. Keough, Patterson & Keough, P.A., 4800 IDS Center, 80 South 8th Street, Minneapolis, Minnesota 55402-2100.

Application No.: 08/749,723

Please reference Attorney Docket No. 2370.020501	on all correspondence.
Additionally, please charge any future fees to Deposit Account	nt No. 16-0631.
All previous powers of attorney granted in	n this case are hereby
revoked.	•.
Date: 6 21-17	
Brian D. Zelickson, M	D.
Date: 1999 11666 C. A.	7
Robert A. Ganz, M.D.	
CERTIFICATE OF MAILING	
I hereby certify that this document is being deposited with the United States Postal Se first class mail in an envelope addressed to: Assistant Commissioner for Patents, Was	rvice with sufficient postage as shington, D.C. 20231 on
Date of Deposit Date of Deposit STEVEN Name of Person Signing Certification Name of Person Signination	KEOUGH
Steven	lugh
Signature	